

**DECLARATION  
Utility Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **COMPENSATION FOR POWER VARIATION ALONG PATIENT CABLES** the specification of which

(Check One) ☒ Is attached hereto OR  
☐ was filed on \_\_\_\_\_, and has been assigned United States Application Serial No. \_\_\_\_\_ based on PCT Application No. \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

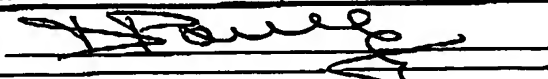
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Application Number	Parent Filing Date	Status

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Dorin	MIDDLE Initial	LAST Name Panescu	
	RESIDENCE & CITIZENSHIP	City San Jose	State or Foreign Country CA	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	5275 Country Forge Lane	City San Jose	State or Country CA	Zip Code 95136
INVENTOR'S SIGNATURE				DATE 1/31/02	

2010-01-31 10:00:00

**POWER OF ATTORNEY  
By Assignee**

SCIMED Life Systems, Inc., assignee(s) of the application for United States Letters Patent for an improvement in

**COMPENSATION FOR POWER VARIATION ALONG PATIENT CABLES**  
by Dorin Panescu,

the specification of which:

☒ is filed herewith, OR  
☐ was filed on \_\_\_\_\_, having U.S. Patent Application Serial No. \_\_\_\_\_,

does hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 22249:



**22249**

PATENT TRADEMARK OFFICE

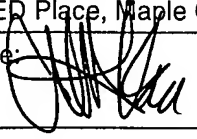
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Los Angeles, CA 90071  
(213) 489-1600

Please send all correspondence to the attention of David T. Burse, Esq., at the above Customer Number, and direct all telephone calls to **(408) 993-1555**.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

☒ is filed for recordation herewith; or  
☐ was recorded at Reel \_\_\_\_\_, Frame \_\_\_\_\_; or  
☐ has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

Full Name of Assignee: SCIMED Life Systems, Inc.	
Post Office Address: One SCIMED Place, Maple Grove, MN 55311-1566	
Signature of Declarant or Assignee: 	Date: 1/24/02
Full Name of Declarant If Other Than Assignee: Albert K. Kau	
Title of Declarant: Patent Counsel	
Address of Declarant: SCIMED Life Systems, Inc., One SCIMED Place, Maple Grove, MN 55311-1566	